

RECEIVED
JUN 30 2017
AWMD/WEMM

SEND
COMPLETED
FORM TO:
The Appropriate
State or Regional
Office

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM



<p>1. Reason for Submittal</p> <p>MARK ALL BOXES THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>
<p>2. Site EPA ID Number</p>	<p>EPA ID Number <u>1AR000522672</u></p>
<p>3. Site Name</p>	<p>Name: <u>Mobren Transport Inc</u></p>
<p>4. Site Location Information</p>	<p>Street Address: <u>2300 Murray St</u></p> <p>City, Town, or Village: <u>Sioux City</u> County: <u>Woodbury</u></p> <p>State: <u>Iowa</u> Country: <u>USA</u> Zip Code: <u>51111</u></p>
<p>5. Site Land Type</p>	<p><input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>
<p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. <u>283400</u> <u>325412</u> C. <u> </u></p> <p>B. <u> </u> D. <u> </u></p>
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: <u>2300 Murray Street</u></p> <p>City, Town, or Village: <u>Sioux City</u></p> <p>State: <u>IA</u> Country: <u>USA</u> Zip Code: <u>51111</u></p>
<p>8. Site Contact Person</p>	<p>First Name: <u>Douglas</u> MI: <u>E</u> Last: <u>Deaton</u></p> <p>Title: <u>Plant Manager</u></p> <p>Street or P.O. Box: <u>2300 Murray Street</u></p> <p>City, Town or Village: <u>Sioux City</u></p> <p>State: <u>IA</u> Country: <u>USA</u> Zip Code: <u>51111</u></p> <p>Email: <u>deaton.d@sp1pharma.com</u></p> <p>Phone: <u>(712) 252-4500</u> Ext: <u>22</u> Fax: <u>(712) 252-4900</u></p>
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: <u>Scientific Protein Laboratories</u> Date Became Owner: <u>10/2007</u></p> <p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> <p>Street or P.O. Box: <u>700 E. Main Street</u></p> <p>City, Town, or Village: <u>Waukegan</u> Phone: <u>608-849-5944</u></p> <p>State: <u>WI</u> Country: <u>USA</u> Zip Code: <u>53597</u></p> <p>B. Name of Site's Operator: <u>Same as above</u> Date Became Operator: <u>10/2007</u></p> <p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>

RCRA 6/28/2017



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10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.

1. Generator of Hazardous Waste
If "Yes," mark only one of the following – a, b, or c.
- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-10.

- Y ☒ N ☐ 2. **Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.
- Y ☐ N ☒ 3. **United States Importer of Hazardous Waste**
- Y ☐ N ☒ 4. **Mixed Waste (hazardous and radioactive) Generator**

- Y ☐ N ☒ 5. **Transporter of Hazardous Waste**
If "Yes," mark all that apply.
- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)
- Y ☐ N ☒ 6. **Treater, Storer, or Disposer of Hazardous Waste**
Note: A hazardous waste Part B permit is required for these activities.
- Y ☐ N ☒ 7. **Recycler of Hazardous Waste**
- Y ☐ N ☒ 8. **Exempt Boiler and/or Industrial Furnace**
If "Yes," mark all that apply.
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

- Y ☐ N ☒ 9. Underground Injection Control
- Y ☐ N ☒ 10. Receives Hazardous Waste from Off-site

B. Universal Waste Activities; Complete all parts 1-2.

- Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐

- Y ☐ N ☒ 2. **Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

- Y ☐ N ☒ 1. **Used Oil Transporter**
If "Yes," mark all that apply.
- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)
- Y ☐ N ☒ 2. **Used Oil Processor and/or Re-refiner**
If "Yes," mark all that apply.
- ☐ a. Processor
- ☐ b. Re-refiner
- Y ☐ N ☒ 3. **Off-Specification Used Oil Burner**
- Y ☐ N ☒ 4. **Used Oil Fuel Marketer**
If "Yes," mark all that apply.
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Use Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the Item-by-Item Instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

A. **Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

[illegible]

B. **Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

[illegible]

EPA ID Number

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OMB#: 2050-0024; Expires 01/31/2017

12. Notification of Hazardous Secondary Material (HSM) Activity


Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

10-A-2 one time event. Storage tank decommissioned.
Virgin product shipped as waste.

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Plant Manager	06/28/2017

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
<input type="checkbox"/>	a. LQG	-Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
<input type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
If "Yes" above, indicate other generator activities in 2 and 3, as applicable.		
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Mixed Waste (hazardous and radioactive) Generator	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Treater, Storer or Disposer of Hazardous Waste—Note: A hazardous waste Part B permit is required for these activities.	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	6. Recycler of Hazardous Waste	
<input type="checkbox"/>	a. Recycler who stores prior to recycling	
<input type="checkbox"/>	b. Recycler who does not store prior to recycling	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	7. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption	
<input type="checkbox"/>	b. Smelting, Melting, and Refining Furnace Exemption	

B. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g. D001, D003, F007, U112). Use an additional page if more spaces are needed.

D002						
P041						

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

RCRAINFO data entered
on JUL 05 2017 JUL 05 2017

Gaut, Suzanne

From: Aycock, Jim
Sent: Monday, July 03, 2017 7:31 AM
To: Thomas, Colleen
Cc: Koesterer, Elizabeth; Gaut, Suzanne
Subject: FW: EPA ID #
Attachments: Mobren Fed ID # 6-1=2017.pdf

Colleen, I received this email last Friday afternoon. Would you please prepare if all information is included on the form. Thank you!

Jim

Jim Aycock
RCRA Enforcement/Compliance Officer
Waste Enforcement and Materials Management Branch
Air and Waste Management Division
U.S. Environmental Protection Agency
11201 Renner Blvd.
Lenexa, Kansas 66219
Phone: 913-551-7887
Email: aycock.jim@epa.gov
Fax: 913-551-7065

From: Arnie Stolte [mailto:arnie.stolte@gmail.com]
Sent: Friday, June 30, 2017 1:52 PM
To: Aycock, Jim <Aycock.Jim@epa.gov>
Cc: SEIStolteArnie <arnie.stolte@gmail.com>
Subject: Re: EPA ID #

Hi Jim,
Enclosed is application for RCRA ID #. Any questions, please feel free to either email or call me.

Thx,

Have a grt weekend.

...arnie

On Thu, Jun 29, 2017 at 2:30 PM, Aycock, Jim <Aycock.Jim@epa.gov> wrote:

Mr. Stolte,

In order to request a RCRA ID number from EPA, the client needs to obtain, fill out and submit an 8700-12 form to us. The completed form may be emailed or mailed to our office for processing. If the completed form is emailed, a signed

hard copy must be mailed to our office as well. If the form is emailed it can be emailed to me and I'll see that the form gets processed and a RCRA ID number assigned to the generator/client. If you have any questions please let me know.

My regards,

Jim

Jim Aycock

RCRA Enforcement/Compliance Officer

Waste Enforcement and Materials Management Branch

Air and Waste Management Division

U.S. Environmental Protection Agency

11201 Renner Blvd.

Lenexa, Kansas 66219

Phone: 913-551-7887

Email: aycock.jim@epa.gov

Fax: 913-551-7065

From: Arnie Stolte [mailto:arnie.stolte@gmail.com]

Sent: Thursday, June 29, 2017 2:12 PM

To: Aycock, Jim <Aycock.Jim@epa.gov>

Subject: EPA ID #

Jim,

We spoke June 19 regarding a client of ours in Sioux City, IA. We discussed:

1. client ships NO hazardous waste

2. Client has an acid storage tank that is being decommissioned. We will need to ship 3500 g. of virgin acid.
3. Waste permit/profile paperwork has been submitted to an EPA permitted facility in Detroit.
4. Client has No EPA ID # which is why we are submitting paperwork to your office in order to obtain same.
5. Upon receipt of number we can move ahead wiht the project.

Please let me know if we should send RCRA Sub-title C site via pdf-email or mail same.

Thanks in advance,

Arnie Stolte

President

SEI/ReNEW Paint

630.995.3202 office

630.640.4410 mobile

630.995.3850 fax

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Arnie Stolte

President

SEI/ReNEW Paint

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